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# UTILITY PATENT APPLICATION TRANSMITTAL

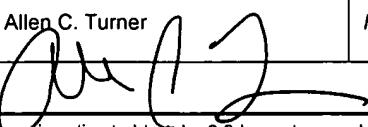
(Only for new nonprovisional applications under 37 C.F.R. 1.53(b))

Attorney Docket No. 2183-4041.3US

First Inventor Meulenbergs et al.

Title INFECTIOUS CLONES OF RNA VIRUSES AND VACCINES AND  
DIAGNOSTIC ASSAYS DERIVED THEREOF

Express Mail Label No. EL608689830US

<b>APPLICATION ELEMENTS</b> See MPEP chapter 600 concerning utility patent application contents.		<b>ADDRESS TO:</b> Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450																							
<p>1. <input type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing)</p> <p>2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p>3. <input checked="" type="checkbox"/> Specification [Total Pages 46] (preferred arrangement set forth below) - Descriptive title of the Invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R &amp; D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure</p> <p>4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 4]</p> <p>5. Oath or Declaration [Total Pages ] a. <input type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63 (d)) (for a continuation/divisional with Box 18 completed) i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b> Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</p> <p>6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p>		<p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)</p> <p>8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statements verifying identity of above copies</p> <p><b>ACCOMPANYING APPLICATIONS PARTS</b></p> <p>9. <input type="checkbox"/> Assignment Papers (cover sheet &amp; document(s)) 10. <input type="checkbox"/> 37 C.F.R. §3.73(b) Statement <input type="checkbox"/> Power of (when there is an assignee) Attorney</p> <p>11. <input type="checkbox"/> English Translation Document (if applicable)</p> <p>12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations</p> <p>13. <input checked="" type="checkbox"/> Preliminary Amendment</p> <p>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)</p> <p>15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)</p> <p>16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.</p> <p>17. <input checked="" type="checkbox"/> Other: <u>Request to transfer CRF</u></p>																							
<p>18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:</p> <p><input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No: 09 / 874,626 Prior application information: Examiner U. Winkler Group / Art Unit: 1648</p> <p>For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.</p>																									
<p><b>19. CORRESPONDENCE ADDRESS</b></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; padding: 5px;"><input checked="" type="checkbox"/> Customer Number</td> <td style="width: 40%; padding: 5px; text-align: center;">24247</td> <td style="width: 30%; padding: 5px; text-align: right;">or <input type="checkbox"/> Correspondence address below</td> </tr> <tr> <td colspan="3" style="padding: 5px;"> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; border: 1px solid black; padding: 2px;">Name</td> <td colspan="3" style="width: 85%;"></td> </tr> <tr> <td colspan="2" style="border: 1px solid black; padding: 2px;">Address</td> <td colspan="2"></td> </tr> <tr> <td style="width: 25%; border: 1px solid black; padding: 2px;">City</td> <td style="width: 15%; border: 1px solid black; padding: 2px;">State</td> <td style="width: 25%; border: 1px solid black; padding: 2px;">Zip Code</td> <td style="width: 35%; border: 1px solid black; padding: 2px;"></td> </tr> <tr> <td style="width: 25%; border: 1px solid black; padding: 2px;">Country</td> <td style="width: 15%; border: 1px solid black; padding: 2px;">Telephone</td> <td style="width: 25%; border: 1px solid black; padding: 2px;">Fax</td> <td style="width: 35%; border: 1px solid black; padding: 2px;"></td> </tr> </table> </td> </tr> </table>				<input checked="" type="checkbox"/> Customer Number	24247	or <input type="checkbox"/> Correspondence address below	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; border: 1px solid black; padding: 2px;">Name</td> <td colspan="3" style="width: 85%;"></td> </tr> <tr> <td colspan="2" style="border: 1px solid black; padding: 2px;">Address</td> <td colspan="2"></td> </tr> <tr> <td style="width: 25%; border: 1px solid black; padding: 2px;">City</td> <td style="width: 15%; border: 1px solid black; padding: 2px;">State</td> <td style="width: 25%; border: 1px solid black; padding: 2px;">Zip Code</td> <td style="width: 35%; border: 1px solid black; padding: 2px;"></td> </tr> <tr> <td style="width: 25%; border: 1px solid black; padding: 2px;">Country</td> <td style="width: 15%; border: 1px solid black; padding: 2px;">Telephone</td> <td style="width: 25%; border: 1px solid black; padding: 2px;">Fax</td> <td style="width: 35%; border: 1px solid black; padding: 2px;"></td> </tr> </table>			Name				Address				City	State	Zip Code		Country	Telephone	Fax	
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<b>Name (Print/Type)</b>	Allen C. Turner	<b>Registration No. (Attorney/Agent)</b>	33,041																						
<b>Signature</b>			<b>Date</b>																						

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